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ABSTRACT

This handbook describes the roles that parents, tribal governments, law enforcement personnel, courts, schools, and health care and social service providers play in alcohol and substance abuse intervention and prevention in Indian communities. It explains the legal responsibilities each group has and actions community members should expect the various groups to take when dealing with alcohol and substance addiction. Information is organized into the following chapters: (1) Tribal Communities and the Fight against Alcohol and Substance Abuse; (2) Utilizing Help from Parents and Family; (3) Utilizing Help from School Personnel; (4) Utilizing Help from Social Service Providers; (5) Utilizing Help from Physical and Mental Health Care Providers; (6) Utilizing Help from the Court; (7) Utilizing Help from Law Enforcement Personnel; and (8) Role of Tribal Government. Also listed are profiles of support groups, organizations, and community programs. The chapters also include references to relevant literature and audio-visual materials, and directories of local or national service facilities. (ALL)

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Protecting Youth from Alcohol and Substance Abuse

What Can We Do?

MEXICO

Introduction

This handbook is for tribal people, particularly those living in a reservation community, who want to contribute toward lessening alcohol and drug abuse among Native American youth.

The handbook is based on the assumption that successful substance abuse prevention begins with individuals. One person starts with an idea and looks for others to join his/her effort. If concern for the problem is shared and if people come to believe they have a chance at success, success will be forthcoming.

Chapter 1 offers an outline of a process community members might follow in organizing an effort to attack alcohol and substance abuse.

The remaining chapters (2 through 8) provide a summary of the kinds of help, skills and/or services which may be expected or sought from a community's primary resources: its parents and families; its school personnel; its social service providers; its physical and mental health care providers; its court system; its law enforcement personnel; and its tribal government. Where appropriate, the chapters also include references to samples of relevant literature, audio-visual materials, and technical assistance.

The expectations outlined in each chapter will, in many cases, be closer to an ideal than a reality. Lack of funding and staff shortages are often responsible. In those cases, it is hoped that the chapters' contents will help community members see where potential and possibilities exist. This may help in establishing priorities, standards and justification for service requests.

Acknowledgements

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The photographs on the cover and on pages vi, x, 16, 54 and 74 were provided by Futures for Children, a not-for-profit organization based in Albuquerque, NM. In 1988, Futures worked with the Hopi Nation, the Jicarilla Apache reservation, 16 Indian pueblos and 20 chapters on the Navajo Nation. It assisted 84 community development projects and provided 2,446 educational sponsorships and an 18-month youth leadership training program.

The photographs on pages ii, 6, 30, 40, 64 and 82 were taken by Nancy Gale.

The text for this handbook was prepared by Robert L. Bennett and Nancy Gale, each of whom assumed responsibility for specific chapters. Material for the chapters was gathered, in part, through telephone interviews with over 20 individuals working with Native American communities. These individuals contributed ideas which were incorporated into the handbook. Some of them also reviewed and commented on the chapters as they were drafted.

Many of the examples offered are based, in part, on articles and information contained in two information exchange bulletins published by TCI, Incorporated, an Indian-owned small business located in Washington, DC. The bulletins are: Linkages for Indian Child Welfare Programs and Indians against Alcohol and Drug Abuse. Nancy Gale is editor for these bulletins.

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Native American children look to the adults in their communities for models, guidance and support.

Foreword

Tribal communities must set as their highest priority the elimination of alcohol and substance abuse by tribal members and other reservation residents.

Throughout history, societies have disintegrated as a result of decay from within. It is well recognized that alcohol and substance abuse is a major problem in many Indian communities. Alcohol and other substances rob tribes of their resources. Failure to control alcohol and substances causes tribes to lose their viability and their very existence as a people.

The United States Congress, through the Anti-Drug Abuse Acts of 1986 (PL 99-570) and 1988 (PL 100-690), has provided tribes with an opportunity to do something about alcohol and substance abuse.

With the courage and commitment of the substance-free segment of the Indian population, and with the help of those who are recovering from addiction, an organized effort can be undertaken to rid tribes of the great threat posed by alcohol and substance abuse.

The primary target of tribal efforts must be the young. They must be reached before they become victims, before they meet death by accident, disease, or suicide or before they forfeit their chance to become adults with the opportunity for useful, wholesome and happy lives.

Tribes have successfully faced many challenges in their history. Again, by working together, Native American People can meet and overcome this present challenge and tribes will be restored to the fullness of their rich traditions, pride and glory.

—Robert L. Bennett, Vice President
Native American Development Corporation

Chapter 1: **Tribal Communities and the Fight Against Alcohol and Substance Abuse**

The cornerstone for (efforts to combat alcohol and substance abuse among Native American youth) must involve the strategy of program ownership, collaboration with appropriate agencies and implementation by the tribes to enhance the concept of self-determination.

—School/Community-Based Alcohol/Substance Abuse Prevention Survey
IHS, 1986

All across Indian country, a sentiment is growing that the best—perhaps only way—to conquer alcohol and substance abuse is for tribal communities to take the initiative. Money alone won't solve the problem, according to panel members at a recent conference. "If money could solve this problem," the panelists said, "it would have been solved a couple of hundred million dollars ago."[1]

What has worked? Indian involvement has worked. Slowly, from various parts of Indian country, success stories are beginning to emerge.

A successful sobriety movement is reported in a 70-member village in Alaska. Several years ago, 90 percent of the community's adult population was chronically drunk. Today, at least 80 percent of that adult population is maintaining sobriety.

[1] This idea was expressed at a Fairbanks, AK, conference of the Tanana Chiefs (Athabascan Nation) in 1987 during which a resolution was passed declaring "war on all those who are associated with alcohol and drug abuse."

In South Dakota, two Indian communities have declared alcohol-free zones within a mile radius of their towns. Anyone caught drinking must appear before the tribal court. In addition, council members in these communities, responding to a movement initiated by local youth, are voluntarily taking drug tests to demonstrate their commitment to being drug-free.

In Montana, approximately 1,000 Indian youngsters participated this year in an annual conference that was initiated six years ago by the family of a reservation youth killed in a driving accident that involved alcohol. "We thought," says one of the original conference organizers, "if we could help just one teenager realize what alcohol and drugs can do, if we could help just one teenager say no, then (our relative) would not have died in vain."

In the Southwest, a grassroots organization of Native Americans who are recovering from alcoholism has held several drug-free camping conferences. The conferences have drawn people from a large geographic area and enthusiasm for more substance-free gatherings is growing.

These are examples of Indian communities or groups of people recognizing an alcohol and substance abuse issue and choosing to do something about it. In this choice, they have designed and applied their own strategies. And they are taking significant steps toward success.

WHAT MUST A COMMUNITY DO?

Community members must recognize and admit that a problem of alcohol and substance abuse exists within the community and that it is time to do something about the problem.

The community must identify goals on which it is willing to place high priority and must commit itself to working on the problem with an attitude that alcohol and substance abuse can be defeated.

The community must identify and use its own resources, including its most important resource: the parents and families of its young people. The community must also become familiar with services provided by existing agencies and organizations.

The resources and services to which a community should look include those offered by:

- parents and family
- school personnel
- social service providers
- physical and mental health care providers
- the court
- law enforcement personnel
- tribal government

WHO CAN INITIATE THE EFFORT?

The start can be made by anyone who is committed to working on the problem of alcohol and substance abuse. It is important that those involved are able to:

- express their feelings and ideas about alcohol and drug abuse;
- listen to what the rest of the community has to say; and
- respond to feelings and ideas in a way which promotes involvement and cooperation.

WHAT RESOURCES ARE AVAILABLE?

The community's own people are its most valuable resource in the fight against alcohol and substance abuse. Everyone must be urged to join the effort. Each person has something to contribute. Much of the fight against alcohol and substance abuse is done on the personal level. This makes individual commitment and family involvement essential to success.

All community members should be encouraged to express their feelings and ideas. Leaders should listen and respond in a manner which promotes input and cooperation.

The traditions and spiritual values of the community provide an added and very important resource. These must be recognized and renewed. In some communities, a

church or traditional religious organization can provide invaluable support and endorsement to the community's efforts.

Almost every agency and program operating on a reservation has something to offer. Many are currently and actively involved in specific efforts to deal with alcohol and substance abuse. These efforts must be coordinated so that resources complement and support, rather than duplicate and compete.

Each community has special resources in the people who hold positions of responsibility and power. These people—whether they be tribal, judicial, service or school personnel—are looked to for leadership. Their positions automatically cast them as role models whose personal behavior in relation to alcohol and substances will be scrutinized. Individuals who handle these responsiblities well can help by lending their image and/or endorsement to community substance abuse prevention programs.

HOW CAN A COMMUNITY ACCOMPLISH ITS GOALS?

People of the community must take part in all aspects of the effort against alcohol and substance abuse. They need to feel involved and must believe they have designed and own the effort. To be successful, any action must be started by a local group and should draw support from other community members.

The community's leaders, including the traditional and elderly, who are respected and have shown commitment to work on other community problems should be recruited and asked to commit themselves to the effort.

Community members should plan and work with the problem as they see it. They must start at the beginning by understanding why the problem of alcohol and substance abuse exists. Steps which may be helpful include:

- Get people together. Gather a group of interested people and begin to create an awareness that a problem exists.
- Define how alcohol and substance abuse specifically affects the community. Collect local data to substantiate the problem and to counter the natural tendency of people to deny alcohol and drug use in their community.

- Talk about it. Bring members of the core group together with community members and organizations to discuss the problem, using the data to illustrate concerns.
- Ask questions. Get a feel for what action has been taken, or is planned, to combat alcohol and drug abuse in the community. Contact BIA and IHS coordinators (see lists on pages 24, 35, and 49) and ask what substance abuse prevention and treatment activities are underway. Ask what resources are available. Contact the tribal government to see if a Tribal Action Plan (see page 76) has been prepared.
- Look at what is being done and how existing activities can be coordinated to maximize results and avoid duplication.
- Lay out the job to be done. Develop a goal and a plan and begin to assess who can help where.
- Give assignments to members of the community. Recruit volunteers, but do not neglect finding ways of using and coordinating existing services.
- Find the gaps. Seek training for local people. IHS and the BIA may provide training for community members and program personnel. When local resources cannot provide what is needed, look for outside help. But remember, outside resources should be approached only after local resources have been tapped.
- Keep track of what takes place, including progress.
- Don't be discouraged. Progress, especially at first, will be slow. Measure success by small steps.
- Be alert to what constitutes success. Be aware that once alcohol and substance abuse begins to be taken in hand, other problems may emerge. These problems are not new. They very likely are companions to alcohol and substance abuse and have been masked by that abuse. Dealing with substance abuse is only a first step. But it is a significant step and a major success. Being able to see the companion problems, though unpleasant, is in itself another success.

Chapter 2: **Utilizing Help from Parents and Family**

The National Institute on Drug Abuse says: "Parents are the best protection young people have against drug abuse."

The prevention committee of the White House Conference for a Drug-Free America concluded that "it is vital that the first line of defense (in the drug epidemic) be the family and parents."

Indian communities have an advantage that many Americans do not. In Indian tribes, parenting is traditionally shared by family members in addition to the biological parents. This provides extra resources for a child to draw upon. Grandparents, aunts, uncles and cousins often have significant and vital relationships with an Indian child.

WHAT DO PARENTS AND FAMILY HAVE TO OFFER?

Parents and family are the most important influences in determining the attitudes, values and self-confidence a child will develop. A child's attitudes, values and self-confidence are crucial to the decisions he or she makes about drugs and alcohol.

Parents and family are a child's most significant role models. Children see their own potential in the behavior and achievements of the family members with whom they identify.

Parents and family are a child's primary learning source. They have the most opportunities to teach a child information and skills which will help him/her make good choices about alcohol and drugs.

Parents and family are the best source of knowledge about what is going on in a child's life. They are most able to know who a child's friends are and what a child does. Parents and family are in the best position to spot a potential problem at its earliest sign.

Parents and family are a source of security for a child. Through the establishment and enforcement of guidelines and boundaries, parents and family provide a framework of expectations and consequences. When these are clear and predictable, they offer a child a sense of security and stability that is helpful in resisting alcohol and drug abuse.

HOW CAN PARENTS AND FAMILY HELP?

Parents and family can help by:

- Providing accurate information to their children about alcohol and drugs.
- Letting their children know clearly that drug and alcohol abuse is not acceptable behavior.
- Reinforcing this message repeatedly and consistently, beginning when a child is very young and continuing as he/she matures.
- Setting clear limits and expectations and establishing reasonable consequences for violations. Following through with these consequences.
- Getting involved with other parents and families to share and to encourage drug-free activities. Supporting programs that provide healthy fun.
- Working with other parents and families to make shared values and attitudes visible.
- Teaching the child his/her tribal heritage. Many tribes share a belief that life is sacred. This belief helps children see alcohol and drugs as harmful.
- Transmitting tribal pride to the child. A child who feels pride in his/her tribal background will have positive self-esteem, an important factor in combatting substance abuse.
- Helping a child feel that he/she is needed and "belongs." When a child feels he has a special place at home, among his extended family and within his tribe, he feels secure and is better able to resist pressure to use alcohol and

drugs. This sense of belonging can be fostered through participation in family and tribal activities.

- Setting a good example. Parents and family members can show children, by what they do, that it is possible to have fun without using alcohol and drugs. They can also show that alcohol and drugs are NOT solutions to problems by demonstrating other methods for dealing with stress, disappointments, and anxieties.
- Monitoring the child's choice of friends and encouraging him/her to associate with those who are involved in healthy, drug-free activities. Studies show that a child's friends are the single most important influence in whether he/she uses drugs.
- Encouraging and appreciating good performance in school. Studies show that Indian students who do well in school tend to have less involvement with substance abuse.
- Knowing the signs of substance abuse. Family members who know the physical, emotional and behavioral signs associated with a child's using alcohol and drugs will be able to help identify a problem at its earliest stages.
- Learning how alcohol and chemical dependency affect a family and assessing whether such dependency is present in their own family. If such dependency is present, families can assess what impact it is having. How does it affect each family member? What roles are created? What silent rules exist? Are denial, anger, guilt and fear operating? What can be done to combat these problems? Help in answering these questions can be obtained through Children of Alcoholics chapters which are developing in Indian communities around the country.

WHAT RESOURCES ARE AVAILABLE TO SUPPORT PARENT AND FAMILY EFFORTS?

There are a number of resources available to support parents and families as they work toward preventing alcohol and substance abuse among their children. Perhaps the

most commonly used resources are those which provide parent education and training. Parent education and training programs fall into three main categories: information; skill-building; and support group.

Information

Parents in many tribal communities are interested in developing education or training programs to provide facts about alcohol and drug abuse. These programs may be designed to let parents know how extensive drug use is in their communities, how they may recognize whether their children are involved, and what the long and short-term dangers of alcohol and substance abuse are.

Information specialists within tribal, school, IHS or BIA alcohol and substance abuse prevention programs are often available to help parents develop these programs and to make education presentations for, or to, them.

A national organization, PRIDE (Parent's Resource Institute for Drug Education), is also available to help parents develop education programs. PRIDE offers assistance to parent groups through newsletters, handbooks, brochures, books, films and videos, some of which are available without charge.

PRIDE may be contacted through the Robert W. Woodruff Volunteer Service Center, 100 Edgewood Avenue, Suite 1002, Atlanta, GA 30303. Telephone: 1-800-241-9746 or (404) 651-2548.

Skill-Building

Parents in many tribal communities have decided to work on building their general parenting skills with the idea that if they improve their basic family interaction and communication patterns, they will reduce the risk for alcohol and substance abuse by their children.

A variety of parent skill-building trainings is being used for this purpose and many trainings have been designed, or adapted, specifically for the local Indian community. The organization sponsoring a parent training program will vary

depending on the particular Indian community but may include the local school, a church, the BIA, IHS or a tribal program.

The National Resource Center for Youth Services offers technical assistance and consultation to Indian communities interested in developing a parenting skill-building program which focuses specifically on issues related to alcohol and substance abuse.

Gay Munsell, a Native American child development specialist with the Center, has designed a program which reviews traditional and contemporary Native American parenting styles in terms of how they relate to issues of substance abuse. The program, for example, looks at: the Native cultural emphasis on individuality and learning by personal experience; the effect of boarding schools on parenting skills and parent/child relationships; the dynamics of, and resultant roles in, alcoholic families; and the manner in which Indian youth and families tend to relate to outsiders.

Assistance from the National Resource Center for Youth Services is available in a number of ways. Contracts are negotiated directly between the Center and the requesting Indian community or parent group. For information, contact the Center at the University of Oklahoma, 125 North Greenwood Avenue, Tulsa, OK 74120. Telephone: (918) 585-2986.

A model Indian parent training manual, which could be used to help parents address alcohol and substance abuse issues, is also available. This 330-page manual was prepared by the Northwest Indian Child Welfare Institute through consultation with tribal elders, Indian professionals and parents. Focusing on the positive values of traditional Indian child rearing, it suggests a philosophy for parent trainers and promotes respect, family unity, and pride in Indian ways. This manual, which is entitled *Positive Indian Parenting: Honoring our Children by Honoring our Traditions*, may be ordered for $35 each from the Northwest Indian Child Welfare Institute, c/o Regional Research Institute, PO Box 751, Portland, OR 79207. Telephone: (503) 229-3038.

Support Groups

Support groups are a popular means through which parents and families address problems relating to children and alcohol/substance abuse. Through these, group members meet on a regular basis to discuss issues, alternatives, and responses. The particular focus of a support group will depend upon the group's specific concerns and orientations.

Examples of support groups which include components aimed at parents and families are Mothers Against Drunk Driving (MADD) and Al-Anon.

MADD, a national organization with local chapters, focuses on providing youth education to combat drinking and driving. It has a strong component which provides support to parents who have lost children in accidents involving drunk driving. Some Indian communities have developed MADD chapters. To obtain information on developing a local MADD chapter, contact: Mothers Against Drunk Driving, Central Office, 669 Airport Freeway, Suite 310, Hurst, TX 76053. Telephone: (817) 268-6233.

Al-Anon is a self-help group for adults who are family members and friends of persons (including children and youth) with alcohol-related problems. Local groups are listed in telephone directories. Many Indian communities have Al-Anon chapters. For information on developing or operating an Al-Anon chapter locally, contact: Al-Anon Family Group Headquarters, Inc., PO Box 862, Midtown Station, New York, NY 10018-0862. Telephone: (212) 302-7240.

Organizational Support

Help is also available to parent/family groups that want assistance in organizing an alcohol and substance abuse prevention program. Local resources, such as BIA, IHS and tribal program development specialists, can provide valuable assistance.

In addition, the National Federation of Parents for Drug-Free Youth has organized parent-assistance networks in all 50 states. These networks provide technical assistance to

parents who want to develop local alcohol and substance abuse prevention programs. The services available from these networks vary state-by-state.

To otain information on the various state networks, contact the Federation's national headquarters at 1423 North Jefferson, Springfield, MO 65802-1988. Telephone: (417) 836-3709.

An Example of Using Family Pride and Tradition to Inspire Indian Youth

On the Fort Peck Reservation in northwestern Montana, the amount of drug and alcohol abuse among Indian youngsters declines noticeably during basketball season, according to Karen Red Tomahawk, Prevention Supervisor for the Adolescent Aftercare Outpatient Program at the Spotted Bull Treatment Center.

The reasons for this, Red Tomahawk proposes, are severalfold.

First, basketball practices, rallies and games provide a busy fun schedule of healthy activities for players and spectators alike.

Second, an atmosphere of unity and enthusiasm is generated as community and family members of all ages turn out to follow and support their teams.

And finally, basketball season is a time when many Montana tribal communities show visible pride in their heritage and in the efforts and accomplishments of their young people. This pride is demonstrated through a colorful adaptation of the traditional Indian give-away during which parents and family members honor their youngsters through the presentation of ceremonial star quilts.

According to Kenneth Ryan, past Chairman of the Assiniboine and Sioux Tribes of the Fort Peck Reservation, the tradition of Indian basketball teams presenting star quilts has been going on in Montana for close to three decades. "It is an example," Ryan says proudly, "of families taking an Indian value which is hundreds of years old, carrying it forward and giving it a modern twist."

In special ceremonies, held between games, Indian players and cheerleaders give away the prized star quilts. To give a quilt is recognized as a great honor, a symbol of the young giver's having achieved a worthy goal. The quilts are

usually made by the families of the basketball players—aunts, grandmothers, mothers. For the giving families, providing the quilt is a labor of love and dedication, a concrete expression of love and pride in their youngsters. It can be a major financial sacrifice also, since a quilt—depending upon the materials it's made of—can cost $150-500.

To receive a quilt is also a great honor. The giver chooses with care the individual whom he/she will honor with a quilt. The receiver may be a coach, a player on another team, a cheerleader, or a civic leader who has made a contribution to the school or sports program.

The ceremonies during which the quilts are presented are impressive and memorable. They generally take place between end-of-the-season tournament games and draw respectful attention from the crowd. Everyone stands and, as the quilt is wrapped around the shoulders of its recipient, photographers are busy snapping pictures.

The family plays a central part in each ceremony. Indian players come forward with their families to give the quilts. And, when a young person receives a quilt, his or her parents come forward as well.

Ken Ryan summarizes the giveaways. "For our young people to be involved in these ceremonies is a great privilege and one of the most visible aspects of the Plains Indian culture. It strongly reflects important traits such as love, sharing, caring, sacrifice, pride and reverence to the creator."

The star quilt ceremonies, says Karen Red Tomahawk, provide a means through which Indian parents and families demonstrate important values and attitudes. The ceremonies help Indian youngsters visualize their tribal, family and self-identities. The star quilt ceremonies help young people feel they "belong" to something that is strong and good. In this manner, Indian parents and families are significantly helping the fight against alcohol and drug abuse.

Chapter 3: *Utilizing Help from School Personnel*

Young people spend a great deal of time in school and school personnel play a major role in the formation of a student's self-image, knowledge, standards and practices. For this reason, the various staff within a local school can be key players in helping communities fight alcohol and substance abuse among their young people.

WHAT DO SCHOOL PERSONNEL OFFER?

Within a school, there are a lot of specialists and each has his or her own set of skills to offer. These school specialists may include: teachers, administrators, psychologists, counselors, health care providers, librarians, curriculum and materials development specialists, parent/community coordinators, and law enforcement personnel.

Teachers can help by: providing students with information about substance abuse; training community members and other staff about substance abuse; helping to design means for transmitting knowledge and values relating to substance abuse prevention; and providing support and encouragement to student efforts.

School administrative and support personnel can offer additional help, depending upon their special training. This help might include: identifying the extent and type of substance abuse among students; providing support for prevention efforts; evaluating and monitoring how well prevention efforts are working; providing school-sponsored activities which are fun, build character, and develop leadership; and providing referrals to counseling and intervention services.

WHAT GOVERNS A SCHOOL'S RESPONSE TO SUBSTANCE ABUSE?

Indian students and communities are served by several

types of schools. These include schools operated by public school districts and those funded through the Bureau of Indian Affairs.

The alcohol and substance abuse prevention policy, curricula, and services provided by a public school are determined in part by a local school board and in part by state requirements and guidelines. As of late 1987, 39 states required local school districts to provide some sort of substance abuse curriculum. The 11 states which—at that time—did not require substance abuse education include: AK, HI, KS, MI, MN, MT, NC, OK, SD, TN and WY, many of which have high Native American populations.

All community members, including tribal members, within a public school district are entitled to participate in helping to determine how a public school will address alcohol and substance abuse. Such participation can be channeled through the school's parents organization, the school board, or various advisory committees.

Schools funded through the BIA presently number 182 and include day schools, on-reservation boarding schools, off-reservation boarding schools, and tribally-operated schools. All of these schools, like public schools, have local parents organizations, school boards and advisory committees which influence the school's curriculum, services and staff.

BIA-funded schools are addressed specifically in the Drug-Free Schools and Communities Act of 1986, as amended, within the Anti-Drug Abuse Acts of 1986 and 1988. Because of this legislation, the schools must meet certain requirements in relation to alcohol and substance abuse prevention and intervention. These requirements are described on pages 20-23.

HOW CAN SCHOOLS HELP?

The US Department of Education has identified a number of things a school can do to help communities fight alcohol and substance abuse among their youth. These are:

- Identify and keep track of when, where, and how much

students are abusing alcohol and drugs. Learn the kinds of drugs being used.

- Establish clear rules about substance use. Identify penalties.
- Enforce rules and penalties fairly; consistently implement security measures to keep alcohol and drugs off school premises and out of school functions.
- Implement a prevention curriculum for kindergarten through grade 12, teaching that alcohol and drug use is harmful. Weave the abuse prevention message into all aspects of the school's teachings and provide activities and experiences which help strengthen student resistance to substance abuse.
- Join forces with the community. Develop arrangements in which school personnel, parents, school boards, law enforcement officers, religious and cultural leaders, treatment organizations, and private groups can work together to provide necessary resources.

Most schools offer some sort of program aimed at substance abuse prevention, intervention, and/or rehabilitation referral. What is available depends on the individual school and, where costs are involved, the agency through which funding has been obtained.

Funds are available to schools for substance abuse programs from a number of governmental departments and agencies. These include the Bureau of Indian Affairs; the Department of Education; the Office of Juvenile Justice and Delinquency Prevention; the Alcohol, Drug Abuse and Mental Health Administration; and the Office of Human Development Services, for example.

Sometimes, the funds are automatically distributed according to a student population formula, but more frequently the school or its community must approach the funding source and apply for funds on a competitive basis. Often an applicant is required to establish an advisory council and describe how the proposed program will be

coordinated with other existing substance abuse education and prevention efforts.

The focus of a substance abuse program in any particular school will vary depending upon the goals of the school and the sponsoring organization, if any. The following are examples of programs or activities which may exist within a school.

- Community or family education aimed at increasing awareness about the symptoms and effects of substance abuse;
- Training programs for school personnel to provide them information about substance abuse prevention and intervention;
- Activities to help identify and discipline drug and alcohol abusers;
- Counseling programs using professionals or students trained in peer counseling skills;
- Outreach programs for school dropouts;
- Athletic and other recreational programs to provide alternative activities to drug and alcohol abuse;
- Technical assistance to help involve community-based organizations in school programs;
- Development and distribution of educational and informational materials aimed at preventing substance abuse; or
- Development, acquisition or revision of substance abuse prevention curricula.

WHAT ARE BIA-FUNDED SCHOOLS REQUIRED TO OFFER?

The Anti-Drug Abuse Acts of 1986 and 1988, and in particular the Drug Free Schools and Communities Act as amended, address BIA-funded schools in a very specific way. They specify a number of things which BIA-funded schools are required to do.

Through these laws, BIA-funded schools are required to work with the Indian tribe being served and with the tribe's health personnel to develop programs which:

- Provide all students in grades K through 12 a curriculum that includes a program of instruction relating to substance abuse prevention and treatment;
- Provide accurate reporting of all incidents relating to substance abuse; and
- Provide individual student crisis intervention.

The legislation also requires that:

- Pilot programs be developed and implemented in selected BIA-funded schools to determine the effectiveness of summer youth programs; and
- School facilities be made available for community substance abuse prevention programs and activities where permitted by law, approved by the local school board, and —where appropriate—included in a local Tribal Action Plan.

Curriculum

Every BIA-funded school has a curriculum which addresses substance abuse. The specific curriculum is selected locally and is incorporated into the school's health education program, which must meet BIA, state or regional accreditation standards. Each school has its choice of which standards it chooses to meet. The majority of BIA-funded schools comply with all three sets of standards.

The BIA encourages schools to integrate their substance abuse curriculum into a comprehensive health education program which also addresses such issues as nutrition, AIDS, teen pregnancy, and adolescent suicide. Schools are also encouraged to work alcohol/substance abuse prevention messages into other aspects of their educational curriculum. For example, a discussion of the negative effects of alcohol might be incorporated into a biology or an economics class lecture.

In 1987, each BIA-funded school received money to purchase or design a curriculum package to address substance abuse. Most of the schools purchased one of the following programs: Here's Looking at You, 2000; Project Charlie; BABES (Beginning Alcohol and Addictions Basic Education Studies); or Growing Healthy.

Money distributed to BIA-funded schools by the Department of Education this year, and possibly in future years, under the Drug-Free Schools and Communities Act as amended, may be used, if a school so chooses, for curriculum development.

A curriculum addressing the topic of AIDS including how it relates to substance abuse, is being developed by the BIA and IHS for distribution to BIA-funded schools. This curriculum, which includes sections for each grade level, will be provided for incorporation into the schools' health education program. The AIDS curriculum will include materials developed by the American Red Cross and the Centers for Disease Control. It will be offered in a manner which encourages the addition of locally-selected AIDS education materials and provides consideration for each community's values and morals.

Regional training sessions, one of which will be provided in each of five geographical areas, will introduce the core AIDS curriculum. These sessions will be offered sometime after October 1, 1989.

A mental wellness and chemical abuse prevention curriculum, called Growing Up Strong (GUS), is being tested in Indian Head Start programs in the state of Oklahoma. Developed by the University of Oklahoma's Center for Child and Family Development, this pre-school curriculum will eventually be made available to all 105 Indian Head Starts in the United States. GUS stresses positive self-concepts, decision-making, problem solving and assertiveness skills. Its lesson plans are intended for integration into a classroom's regular daily activities.

Incident Reporting

BIA-funded schools are required to report all incidents

which involve alcohol or drug abuse. An incident is defined as any negative behavior such as intoxification, fighting, attempted suicide, or suicide.

The number of incidents, the grade level of involved students and the types of substances used are identified by the reporting school. This information is gathered and sent to the BIA four times a year.

The BIA's Branch of Elementary and Secondary Education compiles this data on the national level. For information, contact: (202) 343-4071.

Crisis Intervention

Some BIA-funded schools have counselors who have been hired specifically for their skills in working with students who have alcohol and drug abuse problems. In other schools, guidance and general counseling staff are being offered opportunities to obtain special training on how to work with these students.

In any school, if a student is identified as having a problem beyond his or her control, the student is referred to IHS for assessment and treatment.

Use of Facilities

In some areas, it is possible for communities to make arrangements to use a school building after school hours or during the summer to house an alcohol/drug abuse prevention program.

The agency or organization responsible for the building makes the decision concerning loan of the facility. Generally, the decision is based upon whether funds are available to pay costs of lighting, heating, cleaning and supervising the facility during the extra use time.

WHAT SCHOOL-RELATED RESOURCES ARE AVAILABLE ON A REGIONAL OR NATIONAL LEVEL?

There are some resources available on a regional or national level to address substance abuse within the Native

American youth population. Some of these are Indian-specific. They include:

Alcohol and Substance Abuse Education Coordinators

The BIA's Office of Indian Education Programs has named an Alcohol and Substance Abuse Education Coordinator within each of its Areas. These coordinators help implement the Indian-specific education-related portions of the Anti-Drug Abuse Acts. The coordinators concentrate particularly on assuring that local BIA education efforts are in harmony with the Tribal Action Plans developed within the various Indian communities. The coordinators may be reached through the following numbers.

Aberdeen	(605) 226-7431
Albuquerque	(505) 766-3160
Anadarko	(405) 247-6673
Billings	(406) 657-6375
Eastern	(703) 235-3233
Juneau	(907) 586-7193
Minneapolis	(612) 349-3635
Muskogee	(918) 687-2460
Navajo	(602) 729-5041
Phoenix	(602) 241-2320
Portland	(503) 230-5682
Sacramento	(916) 978-4680

Support Groups

There are a number of support groups that help young people who are themselves involved, or have family members involved, with alcohol and substance abuse. Some schools provide facilitators and other assistance to students who choose to develop one of these groups. The following is a listing of some of these groups and/or resources related to them.

Alcoholics Anonymous: AA is a fellowship of individuals "who share their experience, strengths and hope with each other that they may solve their common problem and help others to recover from alcoholism." A number of AA pamphlets are available. They include a new one entitled

AA for the Native North American and one describing how to establish an AA chapter. Materials specific to young people are also available. To order, contact: AA World Services, Inc., PO Box 459, Grand Central Station, New York, NY 10017. Telephone: (212) 686-1100.

Children of Alcoholics: A training manual has been developed for people interested in organizing and conducting support groups for Native American adolescent children of alcoholics. The manual is for sale from the Chemical Awareness Training Institute, 21 East Muriel, Phoenix, AZ 85022. Telephone: (602) 867-2812.

Alateen: An packet containing information concerning the purpose and development of Alateen groups is available. Alateen is a fellowship of teenagers whose lives have been affected by someone else's drinking. To obtain the packet, contact: (212) 302-7240.

Students Against Drunk Driving: Pamphlets and written materials on how to start a local SADD chapter are available. SADD's goals are: to help save lives; to educate young people about the problems of drunk driving and the driving laws in each state; to provide peer counseling; and to increase public awareness of the problems of drinking and driving. For information, contact: SADD, PO Box 800, Marlboro, MA 01752. Telephone: (617) 481-3568.

Grad Night Community Awareness Program

A national safety program, designed to reduce needlessly high rates of accidental deaths and injuries among young people, is encouraging safe, fun, alcohol/drug-free celebrations of high school graduations. This program, entitled Grad Night, stresses the value of community-based, chemical free all-night parties for high school graduates.

Grad Night involves not only high school seniors and their teachers, but also their peers, families, tribes and communities. The program's theme aims at graduation events but is effective for any youth celebration or activity.

A special 60-page booklet on "how to organize" a Grad Night party for Native American youth has been printed with funds from the Xerox Corporation Foundation and the

Eastman Kodak Company. This publication includes sections on: getting started; committees; locations; themes/entertainment; fund raising; food; decorations; legal considerations; and public relations.

Details on Grad Night purposes and goals are offered. An outline is provided listing what youth, parents, schools, and the tribal community can gain from Grad Night. The booklet is illustrated with Native American designs.

In its introduction, the Grad Night booklet states:

> "Participating in Grad Night not only gives recognition to native youth for their achievements but is also an excellent opportunity to spread the word that Native Americas are taking positive steps in all aspects of their lives. All across the country, native youth are choosing to pursue healthy lifestyles by staying in shape, eating balanced diets, and avoiding cigarettes, alcohol and drugs. They have discovered that the best of life is enjoyed with a clear head and a healthy body. For these youth, Grad Night is more than planning chemical free celebrations—it is a way of living that respects other youth who do not need chemicals to have a good time."

For information on obtaining a copy of the booklet, contact the American Indian/Alaska Native Youth 2000 Campaign, c/o United National Indian Tribal Youth, Inc., P.O. Box 25042, Oklahoma City, OK 73125. Telephone: (405) 424-3010.

An Example of Community Direction In a School-Based Prevention Program

Phoebe Running Hawk, Gerald Big Crow, Lois Fraser, MaDonna Conroy, Tony Kelly, Lawrence Eagle Bull, Linda Roper, Lavonne Cottier, Almanda Douthit, and Amparing Cottier. These Pine Ridge Oglala Sioux community members were elected by Indian parents at the five public schools in Shannon and Bennett Counties, South Dakota. Their job is to serve as an advisory committee to Shannon and Bennett Counties' Johnson O'Malley programs, programs funded by the federal government to address the unique educational needs of Indian children.

The purpose of the advisory committee is to assure that the activities undertaken with JOM funds are designed and carried out in keeping with the values and goals of the tribal community being served. The committee provides a formal means by which community members are asked to, and do, give guidance to the school system as it administers an important program for Indian children.

The members of the Shannon/Bennett JOM Advisory Committee decided that they were interested in seeing a number of things offered to the Indian students within the five schools they represent. First, the committee decided that it wanted a program which worked toward preventing alcohol and substance abuse among students. Secondly, it decided that it wanted to utilize tribal community resources in helping to accomplish this.

Last year, the committee reviewed the summer youth camp which the Johnson O'Malley program had previously sponsored to provide a summer recreational experience for Oglala Sioux tribal youngsters. This camp, the committee decided, could be an excellent means for transmitting alcohol and substance abuse prevention messages. But Phoebe Running Hawk had some questions about the camp's location and its structure.

Wouldn't the Oglala Sioux people feel more a part of the camp if it were held on the reservation, Phoebe asked. And, wouldn't the camp be more effective in generating tribal pride—so necessary in helping tribal young people resist alcohol and drugs—if community members actually participated in the camp's activities with the youngsters?

The other members of the Shannon/Bennett JOM Advisory Committee were receptive to Phoebe's ideas. They made sense, they decided. Working through Daphne Richards, the Coordinator they had hired through the JOM budget they were helping to administer, the committee members moved to put their ideas into action.

This year four hundred Oglala Sioux youngsters, aged 9 to 18, will participate in the camp in four sessions, each of which will run four days and nights. The camp will be located in the Red Shirt Table Community beside the Cheyenne River in the badlands section of the Pine Ridge Reservation.

Tribal members will take an active role. Staff from the Crazy Horse Planning Commission and the Oglala Sioux Parks Commission are planning and laying out the camp's facilities. Tribal members in the local JPTA (Job Training Partnership Act) program will set up and operate the camp's physical structure.

Staff and volunteers from a tribal peer counseling program, from the VISTA program and the school's Drug-Free program are helping to design and implement alcohol and drug prevention activities and curricula for the campers. Members of the Gray Eagle Society, the tribes Foster Grandparent program, will teach tribal traditions to campers around nightly campfires. Other tribal members are lending their teepees for the campers to stay in, and still others have agreed to instruct the young people in various arts and crafts.[1]

Daphne Richards explains that the campers will leave camp with information and specific skills to help them make responsible choices concerning alcohol and drugs.

[1] Many other segments of the local community have also been, and will be, involved in this year's summer camp.

"We want our young people to go away with a renewed sense of tribal identity and pride. Our tribal volunteers, acting as role models, will be a key to this."

"In addition, we will make our campers aware of how alcohol and drug abuse relate to a whole variety of problems: physical and emotional abuse, suicide, negative peer grouping, juvenile delinquency, satanic worship and negative self concepts. But, most importantly, we will provide tools to help campers resist alcohol and drugs."

Richards says that an emphasis will be given to developing a student association among the campers which will continue into next school year. This association will help train students in peer counseling techniques and will work to establish a structure for supporting students in efforts to prevent alcohol and substance abuse.

Information on the Shannon/Bennett JOM Advisory Committee may be obtained from the Johnson O'Malley Program, Oglala Sioux Tribe, Pine Ridge, SD 57770. Telephone: (605) 867-5977.

Chapter 4: ***Utilizing Help from Social Service Providers***

Social service workers are trained to help individuals and groups assess, and develop strategies for preventing and dealing with, social problems. They are also trained to provide services and intervention in crises. Social workers often develop specialties for working with certain types of problems.

WHAT CAN SOCIAL SERVICE PERSONNEL DO TO HELP?

Social Service workers can help by:

- Providing information on substance abuse;
- Facilitating and coordinating the problem-solving process;
- Training community members in problem-solving;
- Identifying resources and making service referrals for specific individual and community needs;
- Providing services such as financial assistance, foster and respite care, emergency homemaking assistance, and on-going counseling for people who seek help; and
- Providing intervention for crisis situations.

WHO ARE LOCAL SOCIAL SERVICE PERSONNEL?

Most reservation communities are provided social services through the Bureau of Indian Affairs and the Indian Health Service or through tribal programs operated under Indian Self-Determination and Education Assistance Act (PL 93-638) contracts with the BIA and/or IHS. Some communities also receive specialized social services through *specific-focus programs* funded by various federal agencies, foundations or state/local governments. The services provided vary depending upon their source.

WHAT DO THEY HAVE TO OFFER?

BIA and BIA/Tribal Contract Social Services

Personnel in BIA and tribal contract social service programs have had education and/or in-service training within the field of social work. From this education and training, they are equipped with specific skills. These include:

- Communication skills through which the worker has learned to interview, listen and express him/herself in a sensitive, nonjudgmental—and, at the same time—objective, critical manner;
- Needs assessment skills which enable the worker to identify individual as well as community needs;
- Problem solving skills which enable him/her to help develop strategies for addressing specific needs;
- Planning, negotiating and advocacy skills which equip him/her to identify means for implementing strategies; and
- Teaching and facilitating skills for training others in the assessment, problem solving, planning, negotiating and advocacy process.

From their education and training, BIA and BIA/tribal contract social service providers are equipped with certain knowledge. This includes:

- knowledge of how family and other group members interact;
- knowledge of how people develop and change;
- knowledge of substance abuse and chemical dependency;
- knowledge of tribal, state, and federal social service/legal systems and their resources, rules and procedures; and
- knowledge of a tribe's cultural and social systems, including its taboos, traditions, history and basic values.

Depending upon their local program priorities and budgets, BIA and BIA/tribal contract programs may provide concrete

services or assistance to help solve a specific problem. These services may be available in situations where alcohol or substance abuse is a major factor. They might include general financial assistance, child welfare financial assistance, and various services relating, for example, to child protection, family stability, or employment.

When BIA and BIA/tribal contract programs are unable to provide a needed service, their staff often know where to get help. They can usually make referrals for employment or educational counseling, food stamp benefits, child care services or intensive psychological services, for example.

IHS and IHS/Tribal Contract Social Services

IHS and IHS/tribal contract social service personnel possess many of the same skills and much of the same knowledge as BIA and BIA/tribal social service personnel. Their emphasis, however, is focused on medical and health problems.

IHS social service staff and social service providers employed by tribal programs under IHS 638 contracts generally provide medical social services to Indians who are being treated for medical problems. This means that IHS and IHS/tribal contract personnel may provide specialized social services to Indians being treated for alcohol or substance abuse when it is determined that the patient has a social or emotional problem which may interfere with his/her treatment. In such cases, a patient may receive social services (most often in the form of individual or family counseling) from a professional social worker or from a paraprofessional worker. IHS and IHS/tribal contract social workers can also provide referrals and assistance to patients who need to locate specialized medical treatment relating to their chemical dependency.

Specialized Social Services

In many Indian communities, specific social services related to particular problems—including those associated with alcohol and substance abuse—are available through special focus programs funded by various federal agencies, by

foundations or by states. In addition, some BIA, IHS and 638 contract programs develop a special focus.

These special focus programs generally target a specific problem such as child abuse/neglect, parenting training, homemaking assistance, accident-related injuries, family violence, suicide, or birth defects. Many employ social service staff trained in subjects related to alcohol and substance abuse.

For example, personnel working in a program to prevent birth defects will be trained in the causes and consequences of Fetal Alcohol Syndrome; staff in family violence and child abuse programs will be trained to recognize and address the impact of alcohol and drugs on the abuser and the victim; and personnel in an injury prevention program will be prepared to explore the role alcohol and substance abuse plays in accidents.

WHAT ABOUT NATIONAL/REGIONAL SOCIAL SERVICE RESOURCES?

In addition to the social service resources available on the local level, there are certain Indian-specific resources which are available on a national or regional basis to address substance abuse within the Native American youth population. These national resources include: the Indian Health Services Special Initiatives Team; the BIA's Area-level Alcohol and Substance Abuse Coordinators; and emergency youth shelters.

IHS Special Initiatives Team

The Special Initiatives Team is part of the IHS Mental Health Programs Branch. Based in Albuquerque, the team is composed of three full-time mental health specialists who provide crisis intervention and prevention consultation to tribes and Indian communities who are facing violence which may, among other things, involve youth and some kind of substance abuse. Such violence might include suicide, domestic battering, child abuse, conflict among youth groups, or homicide.

To obtain help from the Special Initiatives Team, any

tribal leader or community member may contact the group and make a consultation request. The team offers immediate crisis intervention which includes assembling information about what is happening and helping to mobilize community resources to stem the immediate crisis and prevent its reoccurrence.

Other services which the team provides include: facilitating interaction among local service and program personnel in regards to a crisis; assessment, planning, and/or development of local efforts to prevent future crises; identification and mobilization of resources; development of data collection methods and analyses to document the incidence of violence; and help in developing proposals to seek outside resources. The team attends to cultural, historical and environmental factors relevant to the specific Indian communities it serves.

Tribal and community leaders wishing more information on the team may contact the IHS Mental Health Programs Branch, 2401 - 12th Street NW, Albuquerque, NM 87102. Telephone: (505) 766-2873 or FTS 474-2873.

BIA Area Alcohol and Substance Abuse Coordinators

The BIA has appointed an Alcohol and Substance Abuse Coordinator in each BIA Area. These coordinators work with the tribes to: provide information on alcohol and substance abuse; develop frameworks for planning and implementing prevention and treatment programs; and identify Bureau responsibilities in relation to alcohol and substance abuse prevention and treatment efforts.

The coordinators may be reached through the following numbers.

Aberdeen Area	(605) 226-7347
Albuquerque	(505) 766-3172
Anadarko	(405) 247-6673
Billings	(406) 657-6485
Eastern	(703) 235-2572
Juneau	(907) 586-7611
Minneapolis	(612) 349-3607

Muskogee	(918) 687-2507
Navajo	(602) 871-5151
Phoenix	(602) 241-2262
Portland	(503) 231-6785
Sacramento	(916) 978-4691

Emergency Youth Shelters and Halfway Houses

Twenty emergency youth shelters are being, or will be, built around the country to provide short-term, supervised housing for Indian juveniles who have become involved with substance abuse. (See page 67 for a listing of these shelters.) These shelters, the construction of which is being financed by funds appropriated under PL 99-570, may also be used for intake and aftercare of youth being admitted to another facility for long-term treatment of substance abuse.

IHS, the BIA and the tribes will staff and operate these facilities.

An Example of Utilizing Social Service Resources

Johnny Endfield, the New Direction Teens, and the Community Committee for Alcohol Prevention. These are grassroots community people who are making a difference in the White Mountain Apache effort against alcohol and substance abuse. These community members have provided, and are continuing to provide, the ideas, energy and direction for a reservation war on alcohol and drugs.

Johnny Endfield, the New Direction Teens, and the Community Committee for Alcohol Prevention have utilized the services of Susan Oliver, the local Indian Health Service social worker. Relying on Oliver for her coordinating and facilitating skills, the community members have charted their own successful course.

A year ago, Endfield, a White Mountain Apache tribal member, attended a substance abuse conference held on the neighboring San Carlos Indian Reservation. There, he heard members of the Canadian Alkali Lake Band speak of how they obtained sobriety.

On his return to White Mountain, Endfield approached social worker Susan Oliver. Endfield told her he wanted to share what he had heard of the Alkali Lake experience with members of his tribe.

Together, Endfield and Oliver brainstormed coming up with several ideas for a beginning course of action. First, they planned for Johnny to attend a week-long seminar at Alkali Lake through which he would gather more information on the Alkali Lake effort. Secondly, they decided that the best way to transmit this information to the White Mountain community would be through a tribal-wide conference.

As Endfield and Oliver continued brainstorming, they began to look at how they could involve other community members in the conference's planning and implementation. Oliver, through her social work skills and experience at White Mountain, helped Endfield identify individuals and

agencies to contact. She also helped devise a means through which ideas and commitment could be obtained from these people. As a result, a community meeting was called. At the meeting, the idea for a substance abuse conference caught on. Excitement was generated and a community committee was formed.

Endfield and Oliver, elected co-chairs of the community committee, worked with their fellow committee members in planning and implementing the conference. Oliver agreed to to provide coordinating support, and she became the point through which information was channeled to tell who was doing what, what was being spent and what still needed doing.

As plans for the conference advanced, arrangements were made to use a small amount of training money which had been appropriated by the Indian Health Service to help cover speaker expenses. Additional financing was raised through donations and through conference fees.

Finally, in June 1988, the conference materialized. Speakers came from Alkali Lake, from Seattle and from various Indian communities in Arizona. About 200 participants attended.

The conference was successful. The Community Committee for Alcohol Prevention vowed to repeat the success and in 1989 held a second conference with 500 participants, some traveling over 100 miles to attend. This second conference was completely supported by donations, community fund-raising, and volunteers.

As a result of the conferences, a viable grassroots young people's program has developed at White Mountain. This group, which calls themselves the New Direction Teens, currently has 20-30 active members ranging from kindergarten to 12th graders.

These youth want to stop substance abuse on their reservation. They say they come from substance abusing families and that they want to break the cycle. Since the June 88 conference, 12 New Direction Teen members have raised money to send themselves to week-long trainings offered by the Alkali Lake Band.

In December 1988, 10 representatives of the New

Direction Teens participated in a statewide Indian child welfare conference sponsored by the Inter-Tribal Council of Arizona, Inc. These young people provided a presentation on adolescents and substance abuse.

In addition, New Direction Teen members now hold weekly talking circles where teenagers get together to discuss problems related to substance abuse.

Information on the White Mountain experience may be obtained from community member Johnny Endfield at (602) 338-4938 or from IHS social worker Susan Oliver at (602) 338-4911.

Chapter 5: ***Utilizing Help from Health Care Providers***

Some health care providers focus specifically on the physical effects of substance abuse. That is, they diagnose and treat patients who suffer from chronic liver disease and cirrhosis of the liver, fetal alcohol syndrome, auto accidents, or injuries, for example.

Other health care providers offer services which address the mental and social impacts of alcohol and drug abuse. These include depression, teen pregnancy, domestic violence, suicide, and homicide.

HOW CAN HEALTH CARE PROVIDERS HELP?

Like social service personnel, health care workers can help community members by: providing information on substance abuse; facilitating the problem-solving process through which a local substance abuse problem is assessed and attacked; training community members in problem-solving skills; identifying resources and making service referrals for specific individual and community needs; and, providing intervention, such as immediate medical/mental health assessment and treatment, for crisis situations.

WHO ARE LOCAL HEALTH SERVICE PERSONNEL?

Health services, related to substance abuse, are provided in most reservation communities through three primary sources: the Indian Health Service, private agencies contracted by IHS, and/or tribally-operated clinics and programs funded by PL 93-638 contracts through IHS. In some Indian communities, substance abuse prevention and treatment services are also provided by medicine men and women who pratice traditional tribal healing techniques.

WHAT DO THEY OFFER?

The kinds of health care services available to help fight alcohol and substance abuse among Indian young people vary from community to community. Most communities, however, have access to three types of services: basic medical and mental health services; special locally designed services; and planning support.

Basic Medical and Mental Health Services

Certain basic medical and mental health services related to alcohol and substance abuse are available through IHS, either directly through an IHS service unit or through IHS contract.

These basic services include:

- Outreach, education and training programs;
- Identification of those at-risk for, or practicing, alcohol and/or substance abuse;
- Crisis response to life and health threatening incidents;
- Detoxification treatment, for a duration of 1-4 days, to clear alcohol and other abusive substances from a patient's system;
- Diagnosis and treatment of physical and mental problems related to alcohol and substance abuse;
- Preparation of patient profiles which include social and educational summaries, medical histories and psychological evaluation;
- Development of on-going treatment, rehabilitation and discharge plans;
- Treatment and community-based rehabilitation through residential or out-patient care;
- Patient counseling;
- Counseling and education for families of patients;

- Follow-up or aftercare on an out-patient basis; and,
- Referral to other sources of assistance or resources.

Special Services

Special services, determined by each tribe, are offered through tribally-operated health programs.

At present, there are over 300 tribal alcohol and substance abuse prevention and treatment programs throughout the country. The type and extent of services offered by these programs are determined by the tribe and by the level of available funds.

In FY 1989, $31 million was appropriated by Congress to the IHS which distributed the funds, through PL 93-638 contracts, to tribes for these tribally-operated alcohol/substance abuse programs.

Planning Support

Each IHS Area has an Alcohol and Substance Abuse Coordinator who is responsible for providing, or obtaining, technical assistance and consultation to help tribal communities plan, develop and implement alcohol/substance abuse prevention and treatment programs. A list of these coordinators is provided on page 49.

In addition, the Indian Health Service is responsible for making various alcohol and substance abuse-related statistics available to tribal communities. These statistics can be helpful in developing local programs and strategies for dealing with substance abuse. For example, they may help to demonstrate needs or determine goals and objectives.

WHAT SERVICES DOES FEDERAL ANTI-DRUG LAW REQUIRE?

Many of the above-listed health care services have been available in reservation communities for some time. Others are more recently available, having been mandated by the Indian Alcohol and Substance Abuse Prevention and Treatment Acts of 1986 and 1988 within the Anti-Drug

Abuse Acts of 1986 and 1988 (PL 99-570 and PL 100-690). These PL 99-570 and 100-690 services are described below.

Youth Treatment Centers

Acute detoxification and rehabilitation services are available to Indian youth through the Indian Health Service hospital system.

Treatment following detoxification is, or will be, provided through special regional youth treatment centers which are currently being planned or developed within ten IHS Areas.[2]

In FY 87, $5.5 million was appropriated by Congress to the IHS for the purpose of constructing/renovating regional youth treatment centers. No funds were allocated for this purpose in FY 88 or 89. In 1988, a provision within PL 100-690 was enacted to allow IHS to lease tribally-owned facilities for use as youth treatment centers should funding be available.

In FY 87, $3 million was appropriated for staffing the centers; $5 million was appropriated for the same purpose in FY 88, and $7.5 million in FY 89.

To date, two regional youth treatment centers have opened: the Jack Brown Center in Tahlequah, OK and the Sunrise Regional Treatment Center at the Acoma-Canoncito-Laguna IHS Service Unit in New Mexico.

By the end of the 1989 summer, four more centers will be operating. These will be located in Cherokee, NC; Shiprock, NM; Spokane, WA; and Fairbanks, AK. Negotiations are proceeding to establish the remaining four youth treatment centers in the Phoenix, Aberdeen, Billings and California areas.

Treatment to be offered at the centers will meet IHS standards and requirements of the Joint Commission on the Accreditation of Health Care Organization Standards.

[2]There are 12 IHS Areas. The Phoenix and Tucson IHS Areas, however, will share one center; and the Minneapolis Area has elected to continue contracting for these treatment services.

Treatment will employ a multi-disciplinary team approach and will include such services as:

- individual, group and family counseling;
- psychological evaluation;
- expressive art therapy; and
- recreational therapy.

The expected length of stay per patient will be 45-90 days. Representatives from the local Indian communities will work with center staff to make Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) chapters available to center residents. Local religious leaders will be called upon to help provide a spiritual component to the program offered to center youth.

Tribes and tribal organizations which wish to refer a youth to an in-patient treatment program should contact the IHS regional treatment center in their area or, where one is not yet available, their IHS Service Unit. An intake procedure will be initiated and each application will be reviewed to determine what services will benefit the referred individual. In-patient treatment services thus provided are available to IHS-eligible youth at no cost to the youth or the referring agency. A patient's acceptance into the regional treatment centers will be determined, in part, by the availability of space. Local youth will be given priority.

Aftercare services

PL 99-570 orders the Indian Health Service, in cooperation with the BIA, to "develop and implement within each Indian Health Service service unit community-based rehabilitation and follow-up services for Indian youth" following their discharge from an in-patient substance abuse treatment facility. These follow-up services shall "integrate long-term treatment and . . . monitor and support the Indian youth after their return to their home community."

Indian reservations have access to these aftercare services through their respective IHS service units. In each of FY 87-89, $9 million was appropriated by Congress for

these follow-up services. Funds were distributed through the IHS Area Offices to service units and tribes based on a formula which uses local alcohol-related mortality rates.

In FY 89, there is at least one individual within each IHS service unit/tribal contract program who is responsible for: evaluating and treating youth and their families on an outpatient basis; referring them to residential treatment if appropriate; and providing aftercare services to them when they return home. The individual providing these services may be an alcohol and substance abuse counselor, a mental health professional, or another health professional. He/she may be an IHS employee or may be employed by the tribe through an IHS 638 contract.

According to PL 99-570, the aftercare services will be provided within the community and shall "assist the Indian youth in continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors."

In 1988, PL 100-690 authorized youth emergency shelters and halfway houses funded by the BIA to be used to provide aftercare for youth returning from long-term substance abuse treatment programs. See page 67.

Emergency Medical Assessment

PL 99-570 requires that medical treatment and assessment be provided to every Indian youth arrested or detained by BIA or tribal law enforcement personnel for an offense relating to or involving alcohol or substance abuse. This medical assessment is to determine the mental or physical state of the youth so that appropriate steps can be taken to protect his/her health and well being. The assessment occurs as soon as possible after the arrest or detention of the Indian youth and is provided by a specially trained Emergency Medical Technician or, when necessary, by an IHS or an IHS-contracted health service.

PL 100-690 adds that IHS may not refuse to provide necessary "interim" treatment for any Indian youth who has been charged or is being prosecuted for any crime unless a court prohibits referral of the youth to IHS or determines the youth to be a danger to others.

Education and Prevention Program

PL 99-570 requires IHS to support "a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education in alcohol and substance abuse to the critical core of each tribal community, including political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, and other critical parties."

The content and targeted audiences for this community education are determined within each tribal community by that community's Tribal Coordinating Committee (see page 77). The TCC develops a local community education plan which identifies who should be trained and the type of information to be provided. In FY 87, Congress appropriated $3.5 million to IHS for community education and training. In each of FY 88 and 89, $1.5 million was appropriated. In some areas, the training is offered area-wide while in others the funds were allocated to the various service units through a population-based formula.

Topics which may be addressed in an IHS-supported education and prevention program include: improvement of self image; value and attitude clarification; decision-making; coping skills; physical and emotional effects of alcohol and substance abuse; and parent effectiveness.

Staff Training

PL 99-570 also requires IHS to provide employee training for "appropriate" BIA, IHS, education, judicial, law enforcement, legal, social service, school, emergency shelter/halfway house, and other program personnel.

The training is to provide instruction regarding family relations, effects of substance abuse on children reared in an alcoholic family, fetal alcohol syndrome, and crisis intervention as it relates to alcohol and substance abuse.

Program Planning and Development Services

- Each IHS area office has access to computer printouts

generated by the IHS Alcohol Treatment Guidance System.

Through this system, data is collected from each IHS, contract or tribal program which provides alcoholism treatment services. The data includes statistics on: the number and type of cases or incidents treated; the type and amount of assistance provided; patient characteristics and demographics; and case discharge and disposition.

The data is processed through the IHS data center in Albuquerque, NM and data relevant to each area is returned to the respective area offices. At the end of each fiscal year, each IHS service unit will prepare a report and summary of the year's statistics for each tribe in the unit. This report will be provided to the tribe's Tribal Coordinating Committee. Community and tribal members wishing to see these reports may contact their TCC or their IHS Service Unit staff.

- The IHS, through cooperation with the BIA and through a comprehensive several-year study to be conducted in FY 89-90, is preparing a Scope of the Problem report to provide information on the number of Indians within IHS/BIA jurisdiction who are affected by alcohol and substance abuse. The report will also include data on the financial and human costs of this abuse and will specifically identify problems affecting youth.

- In the absence of a Tribal Action Plan (see page 76 of this handbook), the IHS coordinator or his BIA counterpart, will provide the lead in the development of a Local Action Plan. This LAP will provide an agreement to identify and coordinate available resources to establish a management framework for implementation of PL 99-570 and for achieving goals related to the prevention, intervention, treatment and followup of alcohol and substance abuse.

WHO ARE KEY HEALTH SERVICE PROVIDERS?

IHS Alcoholism/Substance Abuse Program Branch

The Alcoholism and Substance Abuse Program Branch of

the Indian Health Service provides leadership, on a national level, to all IHS alcoholism/substance abuse prevention and treatment efforts. Its professional staff consists of a branch chief, deputy director, physician advisor, director of research and evaluation, and director of training and quality assurance.

This staff is responsible for developing performance standards, making policy, ensuring compliance, evaluating performance, identifying financial resources, and advocating on a national level for IHS and IHS-contract alcohol and substance abuse programs. A set of revised program standards has recently been developed by the A/SAPB staff. These standards address all aspects of alcohol/substance abuse program management.

The IHS Alcoholism and Substance Abuse Program Branch may be contacted at (301) 443-4297.

Area Alcohol and Substance Abuse Coordinators

Each of the 12 IHS areas has an area coordinator who is responsible for arranging training and evaluation for the area's share of the approximately 300 tribal alcoholism programs which are administered nationwide under IHS. This area coordinator is also responsible for providing or obtaining technical assistance and consultation to these tribal programs.

The area coordinators are available to assist Indian communities, through community-based planning, in establishing prevention, treatment and rehabilitation programs for Indian youth.

The Area Alcohol and Substance Abuse Program Coordinators can be reached through the following numbers.

Aberdeen	(605) 226-7456
Anchorage	(907) 257-1652
Albuquerque	(505) 766-3260
Bemidji	(218) 751-7701
Billings	(406) 657-6944
Nashville	(615) 736-5104
Oklahoma City	(405) 231-5181

Phoenix	(602) 241-2170
Portland	(503) 326-4138
Sacramento	(916) 978-4191
Tucson	(602) 629-6192
Window Rock	(602) 871-6919

Area Intervention Staff

Each IHS area has at least one staff member who is trained in social and mental health services specific to alcohol and substance abuse. These staff, working under the Area Alcohol and Substance Abuse Program Coordinator, are responsible for providing overall coordination of inpatient and aftercare for any Indian youth being treated for alcohol and substance abuse. They review and monitor a youth's treatment plan and work with the local IHS service unit, the IHS regional treatment center, or the contract program responsible for the youth's care to assure that appropriate social, psychological and educational services are being received by the youth.

An Example of Community People Utilizing Health Service Resources

"One of the most difficult things for recovering substance abusers," says Anna Whiting-Sorrell, Administrator for the Confederated Salish and Kootenai Tribes' Alcohol Program, "is socializing. This is because a recovering person is often lonely; the companions and activities he or she has been socially involved with are, in many cases, still committed to alcohol or drugs. Finding new social outlets is one of the many challenges and risks, a recovering abuser must face." And New Year's Eve is a special challenge.

For these reasons, staff of the Salish and Kootenai Tribes' health programs were particularly receptive when 15 community people asked for help last year in sponsoring an alcohol-free New Year's Eve celebration. Acting in response to the success of a similar celebration put on the previous year by the tribal alcohol program, the 15 community members told tribal personnel that they wanted to repeat the celebration . . . running it, this year, themselves.

The community, the new celebration organizers proposed, would again benefit by a New Year's Eve party: dinner, dancing, contests, noise makers, hats, confetti, balloons, games and videos for the kids. Everyone would be included. Children, parents, grandparents. It would be a fun New Year's Eve celebration. Like any other New Year's Eve celebration, only no alcohol and no substances.

The New Year's Eve community committee were just people who had come together to organize the celebration. "They weren't from any particular tribal or federal program," explains Whiting-Sorrell. "They were just people who recognized a need for a safe and fun activity. They wanted to be sure that people in recovery had a place to go and celebrate the New Year."

The committee developed a proposal. They outlined what they wanted. They planned food, decorations, music,

activities, and clean-up. They decided how they would advertise and how they would maintain the atmosphere they wanted at the party. Then they asked the tribal alcoholism program for support and help in identifying and accessing the needed resources.

Together, the community committee and health care workers swung into action. Contacts were made. People were telephoned and visits were arranged.

Businesses and organizations were asked for donations. The response was positive. Prizes and food were contributed. Enthusiasm grew.

Advertising began. Posters and flyers were distributed. Announcements were made on local radio.

The party was a success. Held in the St. Ignatius tribal community center on the Flathead Reservation, it was attended by 300 enthusiastic party-goers.

All ages came. An 85-year old grandmother was there with her new-born great granddaughter.

"It was a celebration of life," says Whiting-Sorrell. "And it was a celebration without chemicals."

A fun, chemical-free New Year's Eve celebration fits well with the philosophy of the Salish and Kootenai Tribes' Alcohol Program. "To encourage recovery from, and resistance to, alcoholism and substance abuse," Whiting-Sorrell explains, "requires demonstration of community support and values. Curriculums and programs can't do it alone."

Positive behavior and modeling are essential ingredients. "Adolescents and children need to see the adults around them demonstrate no-use behavior. Many children, unfortunately, grow up in homes where the adults who are immediately around them are abusing substances. They learn from these adults."

"Native American culture, however, has many positive Indian adult role models. Somehow, these people have to get connected to the kids whose parents are abusing. What better way than through fun, drug-free celebrations of life?"

Whiting-Sorrell says she thinks that the chemical-free New Year's Eve party will be repeated this coming year. "We think it has a good chance of becoming a tradition on the

Flathead Reservation."

For more information, contact: Anna Whiting-Sorrell, Administrator, Alcohol Program, Tribal Health Department, Confederated Salish and Kootenai Tribes, 26 Round Butte Road, Ronan, MT 59864. Telephone: (406) 676-2770.

Chapter 6: ***Utilizing Help from the Court***

On the one hand, courts work to protect children and youth from being hurt or damaged by their own, or another's, abuse of alcohol or drugs.

On the other hand, courts enforce their community's laws and must take steps to see that juveniles do not illegally abuse substances or commit harmful acts while under the influence of substances.

WHAT ARE THE COURT'S RESPONSIBILITIES?

Court systems are responsible for interpreting and enforcing laws.

This responsibility includes determining punishments for individuals who violate the law. These punishments might include fines, incarceration and/or restitution.

Courts, however, are also responsible for looking at each case with an interest to rehabilitating the offender in a manner which prevents his/her breaking the law in the future.

In many cases, the incident or behavior which brings a juvenile and his/her family to court is a symptom of underlying problems.

In recognizing this, the court has the opportunity to issue orders and impose sentencing aimed at dealing with the cause of the problem as well as with the specific act which brought the youth to court. In all juvenile cases, parental responsibility and accountability should be supported and enforced.

Courts are also responsible for monitoring cases to be sure that penalties and rehabilitative plans are respected and effective. Where court orders and sentences are not followed, the court has authority for intervening to correct the situation.

In addition to handling alcohol and substance abuse cases which involve juvenile offenders, courts are also responsible for alcohol and substance abuse cases which victimize juveniles. These cases often include child abuse and/or neglect.

In such cases, the court is responsible for protecting a child and may remove the child from his/her home when a clear and substantial danger exists to the child's life or health. The court is also responsible for assuring that the treatment, rehabilitation or services needed by the child or his family is provided.

WHO ARE LOCAL COURT PERSONNEL?

Judicial services in Indian communities may be provided by federal, state, local, tribal or BIA personnel depending upon which body exercises civil and criminal jurisdiction over the particular area.

Sometimes, cases involving children and youth will be handled in juvenile courts where the judge has special training and experience in juvenile matters. There may be other special personnel attached to the juvenile court. These might include: counselors, probation officers, presenting officers, guardians ad litem, court appointed special advocates, and/or referees.

WHAT GOVERNS THE COURT'S RESPONSE?

The laws and regulations of the government exercising jurisdiction determine how court personnel respond to cases involving alcohol and substance abuse.

To be effective, courts must have a clear set of laws and regulations concerning alcohol and substance abuse as they relate to children and youth. These should address not only acts of delinquency but aiso situations involving truancy, a youth's running away, cases where parents lack control, and situations where a youth is being harmed by the substance abuse of another person.

Many courts address alcohol and substance abuse problems which involve young people from the point of view

of the "family in need of services." This is based on the idea that youth involved in alcohol and substance abuse situations often come from problem families which can be helped through social services.

To support its community's "War on Drugs," a court system also must be provided with laws which make the possession, use and sale of illicit drugs illegal. It must be empowered, by the government under which it operates, to take actions which make strong and effective statements against illegal drug activity.

For example, courts may be empowered to confiscate property used in the distribution of substances to minors. Or courts, as another example, may have the power to award civil damage claims against individuals who have supplied alcohol to an Indian minor who, by drinking, causes damage or is harmed.

Models for Developing Court Procedures

The court procedures used for handling juvenile cases which involve alcohol or substance abuse are determined by the governing body of the jurisdiction in which the court operates. If an Indian youth appears before a state court, that state's procedures are followed. If the youth appears in a federal court, federal procedures are followed.

A tribal court, likewise, must follow the procedures established by its governing body: that is, the respective Indian tribe's Council. Each individual Indian tribe, therefore, is responsible for its own procedures.

Several models are available as references for tribes which are interested in developing court codes or procedures. One such model code, addressing Indian juvenile justice, has been prepared by the National Indian Justice Center (NIJC) working with the BIA's Judicial Services Branch.

The NIJC code, the preparation of which was mandated by the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, was developed in consultation with Indian tribes and went through a lengthy review process. It offers a format and content for tribes to consider as they develop and tailor a code which meets the unique needs of

their communities.

The model code addresses: jurisdiction of juvenile courts, court procedures, rights of juveniles and other parties in a proceeding, predisposition studies, disposition proceedings for the juvenile, interim care for families in need of services, juvenile records, and appellate procedures. Sections of the code also address alcohol and substance abuse among Indian youth. Copies may be obtained from the National Indian Justice Center, 7 Fourth Street #28, Petaluma, CA 94952. Telephone: (707) 762-8113.

Several other models, in the form of manuals or benchbooks, are also available. These include texts written by Robert Bennett for the National American Indian Court Judges Association. They are entitled: Courts and the Juvenile Offender; Civil Procedures for American Indian Courts; and Criminal Procedures for American Indian Courts.

Information on obtaining copies of these texts is available from the Native American Development Corporation, 1000 Connecticut Avenue NW, Suite 401, Washington, DC 20036. Telephone: (202) 296-0685.

The American Indian Law Center, in 1979, developed the first model juvenile code for Indian tribes. Information on this code, plus information on child abuse issues training provided by the center, can be obtained from: AILC, Box 4456-Station A, Albuquerque, NM 87196. Telephone: (505) 277-5462.

Federal Anti-Drug Legislation and Tribal Courts

The Indian Alcohol and Substance Abuse Prevention and Treatment Acts within the Anti-Drug Abuse Acts of 1986 and 1988 (PL 99-570 and PL 100-690) include special requirements by which BIA and tribal courts are bound. These relate to: housing of arrested or detained juveniles; penalties for illegal narcotics trafficking; and training and education of judicial personnel.

Housing Indian Youth

PL 99-570 encourages BIA and tribal courts to refer Indian youth convicted of offenses directly or indirectly related to

alcohol and substance abuse to appropriately licensed and supervised emergency shelters or half-way houses in place of incarcerating the youth in secured facilities. The Act recognizes that this may not be appropriate if the youth is considered a danger to himself or to others. PL 100-690 says that shelters and halfway houses may be used for intake and aftercare of youth being admitted to long-term treatment centers.

Maximum Sentencing

PL 99-570 amended the Indian Civil Rights Act to increase the maximum criminal penalty which tribal courts may order, from a term of 6 months and a fine of $500 or both, to a term of one year and a fine of $5,000 or both.

Training for Judicial Services Personnel

PL 99-570 requires that the BIA provide judicial personnel with training in the investigation and prosecution of offenses relating to illegal narcotics and in alcohol and substance abuse prevention and treatment, specifically as they relate to youth.

The National Indian Justice Center has been contracted to provide this training, information on which may be obtained by contacting NIJC at (707) 762-8113.

WHAT ACTIONS MIGHT A COURT ORDER IN JUVENILE CASES?

The following are examples of the kinds of actions or remedies which a court may order for cases involving juveniles and alcohol/substance abuse.

- Treatment programs, including those in secure facilities when the youth is determined to be a significant threat to his/her own or to another's safety;
- Treatment programs for family members of the youth;
- Education programs for relatives whose family members are alcohol or substance abusers;
- Removal of the youth from his/her home environment if it

is determined to be detrimental to his well-being or chances for rehabilitation;

- Return, under supervision, of the youth to his parents, guardian or custodian subject to conditions set by the court;
- Placement with extended family, foster family or in shelter care;
- Transfer of legal custody to an agency or making the youth a ward of the court;
- Incentive programs to encourage the juvenile offender to pursue education and/or gainful employment;
- Court-ordered community-service projects that encourage self-esteem through the development of traditional Indian values and cultural awareness;
- Protective orders for anyone who is adversely affected by the substance abuse of another;
- Suspension, revocation, or delay of access to a driver's license for juveniles who have been determined to abuse substances;
- Placement on probation;
- Order that the youth be treated as an adult under the tribe's criminal code if circumstances warrant such an order.

The Peacemaking Panel: A Court-Supported Alternative That Uses Community Resources

Three Indian youth were making a habit of drinking and hanging around a reservation store where they would harass non-Indian customers. The store's manager had several options. He could press charges or he could try the Skokomish Community Peacemaking Panel, an alternative developed five years ago by community people working through the Northwest Intertribal Court System. The store manager chose the peacemaking panel. An acceptable resolution was reached.

A young man was seriously involved with alcohol and drugs. He would get drunk, tear up the house. The police would be called. The boy's mother went to the peacemaking panel and asked for help. The mother, the boy and a mediator met five times. The sessions were slow and painful, but the juvenile court process was avoided. The mother found that her boy had serious, deeprooted issues that involved her. She worked hard with the mediator, finding ways in which she chould change her behavior and the way she related to the boy. The boy is now actively involved in Alcoholics Anonymous and Narcotics Anonymous.

A mother, who was regularly shooting drugs, was about to lose custody of her four-year-old son. The child's father and stepmother wanted to completely sever the child's contact with his mother. The parents agreed to mediation with the Skokomish Community Peacemaking Panel. An agreement was worked out where the child would live with the father but the mother could maintain visitation rights if she met certain requirements. She entered a drug treatment program and is recovering. The boy's life has stabilized. He has done much better in school and has made friends. He feels secure in his father and stepmother's home, but he is also building a positive relationship with his mother.

Five years ago, community members on the Skokomish Reservation in Washington State decided that they wanted the tribe's new youth court to provide something which the state juvenile court system had not. They wanted something which felt culturally comfortable, a system which built on tribal values and did not leave youngsters, their parents and the community angry and alienated. Working through the tribe's Indian Child Welfare Committee, the community and the Northwest Intertribal Court System developed the Skokomish Community Peacemaking Panel.

The panel offers a "forum of first resort" to be tried before going to court. Instead of using a judge and court to settle a dispute, a mediator or panel of trained community volunteers works with the disagreeing parties.

Certain rules must be followed. First, all parties must agree to the mediation. An atmosphere of respect must be maintained. Parties cannot be forced to agree or to like one another, but they must accept each other's right to have and express differing feelings and views.

Give-and-take is required. If one party asks for something, the other party is entitled to ask something. If one party makes a concession, the other is required to make a concession. When one gets, the other gets. When one gives, the other gives.

"This system has worked for us," says LaMetta LaClair, Peacemaking Coordinator for the Northwest Intertribal Court System. "It provides a constructive atmosphere in which disputing parties feel involved in finding solutions. If individuals feel involved in making decisions, the amount of hostility is reduced and they feel more committed to solving the problem."

LaClair says the peacemaking panels have been used for all kinds of cases, with the exception of those that involve child sexual abuse. Many cases are referred by the court system and, over the years, the peacemaking panels have been handling an increasing number of cases which involve juveniles and substance abuse.

"Most of these cases," LaClair clarifies, "have not dealt with teenage substance abuse but rather with problems caused for a teenager by the drinking or drug abuse of the

adults around him or her."

"The panels are becoming more and more successful in mediating these cases. Our success rate is climbing as the community becomes increasingly aware of the effects that alcohol and substance abuse can have on family members, particularly children."

"We are also getting a lot of help from other programs in the community that are starting to acknowledge and work on problems of substance abuse. The attitudes of young people about substance abuse seem to be changing and that, of course, will have major positive impact if it continues."

"Young people seem to be able to say 'no' to alcohol and drugs a little easier now. They are also learning that they can talk about problems that come from an adult's drinking. They are learning that they have a right not to like someone else's drinking and that they can ask for help in coping with that drinking. They are beginning to ask: 'What can I do? How can I talk with my parent about his/her drinking?' All of this helps the mediation process work."

More information on how the Skokomish Peacemaking Panel was created and how it operates may be obtained from the Northwest Intertribal Court System, 121 - 5th Avenue NW, #305, Edmonds, WA 98020. Telephone: (206) 774-5808.

Chapter 7: ***Utilizing Help from Law Enforcement Personnel***

Law enforcement personnel provide services intended to protect a community and its young people. Prevention and behavior modification—including that aimed at problems involving alcohol and substance abuse—are important police goals. These goals are as important as apprehension and prosecution.

WHAT CAN LAW ENFORCEMENT PERSONNEL DO TO HELP?

Law enforcement personnel can help their communities by:

- Sharing their law and order experiences and perspectives with community members as the community works to develop youth substance abuse prevention/control programs;
- Reflecting a positive image which demonstrates the community's attitudes about substance abuse by showing firmness, fairness and commitment to protecting people and their property;
- Being highly visible and approachable—particularly at school events, dances, and pow-wows and by walking in areas frequented by young people;
- Acting in a way which shows that help will be offered and laws will be enforced fairly and consistently;
- Investigating all complaints promptly in a manner which explores whether the need is for police action or social/health service referral;
- Recognizing conditions and activities that have potential for adversely affecting the health, safety or behavior of juveniles and reporting these conditions to appropriate community resources;

- Being available to participate, particularly with student groups, in discussions on alcohol and substance abuse as they relate to law and order, good citizenship, safety, rules of the road, and recreational programs;
- Educating the public about police responsibilities and procedures in relation to alcohol and substance abuse prevention and intervention; and
- Cooperating with other law enforcement agencies and tribal, state and federal agencies in coordinated efforts which include planning and implementing juvenile alcohol/substance abuse intervention and prevention programs.

WHO ARE LOCAL LAW ENFORCEMENT PERSONNEL?

Law enforcement services in Indian communities may be provided by federal, state, local or tribal police personnel depending upon which governmental body exercises civil and criminal jurisdiction over the particular area.

WHAT GOVERNS LAW ENFORCEMENT RESPONSE?

The codes, laws and regulations of the body exercising jurisdiction are the primary determinants of how law enforcement personnel will respond to incidents involving alcohol and substance abuse.

In addition, the Indian Alcohol and Substance Abuse Prevention and Treatment Acts within the Anti-Drug Abuse Acts of 1986 and 1988 (PL 99-570 and PL 100-690) include special requirements by which BIA and tribal law enforcement personnel are bound. These relate to: housing of arrested or detained juveniles; penalties for illegal narcotics trafficking; training and education of law enforcement personnel; and compilation and reporting of law enforcement data.

Housing Arrested or Detained Juveniles

PL 99-570 requires that a youth arrested or detained by

tribal or BIA police may not be housed in a secured facility unless he/she is considered to be a danger to himself or other persons.

In FY 1987, Congress provided $5 million for construction or renovation of emergency youth shelters. These shelters will house youth who are not considered dangerous and who cannot be immediately released to the custody of their parents or guardians.

The following tribes or organizations are currently designing or constructing such youth shelters: Crow Creek Sioux (SD); Ute Mountain Ute (CO); Rosebud Sioux (SD); Cheyenne/Arapahoe (OK); Sault Ste. Marie Tribe of Chippewa (MI); Fort Sill Apache (OK); Santa Domingo Pueblo (NM); Southern Indian Health Council, Inc., (CA); Ute Indian Tribe (UT); Santa Clara Pueblo (NM); Kiowa Tribe of Oklahoma (OK); Oglala Sioux (SD); and Fallon Paiute-Shoshone Tribe (NV).

Seven other tribes and tribal organizations will begin work soon. They are: Shoshone and Arapahoe (WY); Coeur d'Alene (ID); Toiyabe Indian Health Project (CA); Crown Point Youth Home (NM); Bay Mills Indian Community (MI); Chinle Agency Alcohol and Substance Abuse Task Force (AZ); and Iowa Tribe of Oklahoma (OK).

In areas not covered by the above shelter facilities, it is possible that there are other ongoing foster and youth shelter facilities that are able to receive youth arrested or detained for incidents relating to substance abuse.

In addition, PL 100-690 contains a provision that will allow the BIA to lease tribally owned or leased facilities for use as youth shelters should money be available. The legislation also allows IHS, the BIA and the tribes to use their respective resources to staff and operate such facilities.

Penalties for Narcotics Trafficking

PL 99-570 increases the penalties which tribal governments may hand down for offenses related to illegal narcotics trafficking. Penalties involving one year's imprisonment and a fine of $5,000 or both are now possible.

Personnel Training

Opportunities are being made available, through the BIA, to provide tribal and BIA law enforcement personnel with training related to alcohol and substance abuse problems. Some of this training deals with the investigation and prosecution of offenses. Other training programs focus on prevention and treatment of substance abuse, including abuse by young people.

BIA and tribal police have also been offered training in how to present the Drug Abuse Resistance Education (DARE) curriculum to school children within their community.

For information on some of the training available to BIA and tribal police officers, contact the Director of the Indian Police Academy at (602) 629-5406 or the Chief of the BIA's Division of Law Enforcement at (202) 343-5786.

Compilation of Data

PL 99-570 requires the BIA to compile data on cases handled by BIA or tribal police where alcohol or substance abuse is a contributing factor.

Each month, each BIA or tribal police department provides data to its respective BIA Area Office. Information is included on the date and location of incidents involving alcohol and drugs, the quantity and type of substance involved, its estimated street value, whether arrests were made, and whether any vehicles, weapons or money were seized.

Inquiries on obtaining this data for a particular locale should be addressed to the local police department.

HOW CAN LAW ENFORCEMENT OFFICERS BE EXPECTED TO RESPOND WHEN DEALING WITH JUVENILES TAKEN INTO CUSTODY FOR SUSPECTED OFFENSES?

There are certain similarities in the way law enforcement personnel throughout Indian country respond to serious incidents involving Indian young people and alcohol and

substance abuse.

In cases where a crime is involved, it is reasonable to expect that a police officer would respond according to the following general guidelines.

Taking the Juvenile into Custody

This is done with a court order, usually a warrant, unless the offense is committed in the presence of an officer or the officer has reasonable cause to believe an offense has been committed. An officer making an apprehension or arrest may take all reasonable precautions for his own personal safety, as well as the safety of others.

Informing the Juvenile of his Rights

The legal rights of a juvenile are explained in a manner which assures clear understanding. He/she must understand that these rights include the privilege against self-incrimination. The juvenile suspected of an offense should not be questioned except to his identity, the identity of his parents or custodian, and concerning his need for medical attention. If he is questioned further, he has the right to the presence of his parent, guardian, custodian or counsel.

Some Indian tribes, though this is not required by law, may provide counsel for juveniles taken into custody. This depends upon the discretion of the tribe and its resources. Many tribal codes prohibit, except by court order, the photographing of juveniles taken into custody. Nor may juveniles generally be fingerprinted, and again only under court order, except to match their prints to prints related to the incident. If such a match is not made, the fingerprints are destroyed.

Obtaining Medical Assessment

To protect his/her well-being, any juvenile arrested or detained by BIA or tribal law enforcement personnel for suspected violations involving drug and alcohol abuse is assessed, as soon as possible, concerning his/her physical and mental health status. This assessment may be done by

an officer who has been trained as an Emergency Medical Technician. Emergency treatment, where needed, is provided immediately and transport to a hospital is arranged where necessary.

Notifying the Parents

A juvenile's parents, guardian or custodian are notified as soon as possible after the juvenile is arrested or detained. If this cannot be done, appropriate social service or court personnel are notified.

Holding the Juvenile

Where appropriate, arrested or detained youth are released to the custody of their parents or guardians.

If that is impossible or inappropriate, tribal/BIA police are required to take the young person to a shelter—where available—rather than to a secured facility unless the detainee is considered a danger to him/herself or others or unless other specific conditions are met. Such conditions might include: the commission of a felony offense; request by the youth for special protection; a record of escape; or failure to appear before a court, for example.

If it is necessary to place a juvenile in a secured facility, he or she should be under constant surveillance and should not be housed with adults. A court order must be obtained for detention beyond 24 hours.

In FY 1987, Congress provided $7.5 million for construction of Indian juvenile detention centers. Two centers are currently being designed or are under construction. They are on the Cheyenne River Sioux Reservation in South Dakota and on the Fort Peck Reservation in Montana. Funding is being sought for several more centers which are expected to be located in Arizona, South Dakota, Colorado, New Mexico or Mississippi.

In addition, PL 100-690 contains a provision which allows the BIA to lease a tribally owned facility for use as a youth detention center should funding be available.

Keeping the Records of Juveniles

Juvenile records are kept separate from those of adults. They are confidential and not open to the public. They are available to the juvenile, his parents and counsel for their inspection. The records may also be inspected by social service workers and court personnel who have responsibilities for the juvenile's welfare.

When the juvenile becomes 18, his/her records are destroyed. These procedures are designed to avoid establishing criminal reputations for young people.

A Law Enforcement Officer Helps Youngsters Learn How to Say "No"

This school year, a Native American police officer will be teaching Indian kids from the Lummi, Tulalip, Sauk-Suiattle, Suquamish and Puyallup tribes how to say 'no' to alcohol and drugs.

Officer Ron Tso, employed by the Bureau of Indian Affairs Law Enforcement Division, will teach the DARE (Drug Abuse Resistance Education) curriculum in six different schools to K-6th grade students.

"What this boils down to," says Tso, "is teaching kids survival skills. I teach them, not only to say no, but how to do it."

DARE, Officer Tso explains, is a nationally-used drug education program which was initiated in 1983 by the Los Angeles Police Department working with a local school district. Its original idea was to help reduce serious crime, 85 percent of which seems to be linked in some matter to alcohol and drug abuse.

The idea is to teach young people, while they are still in the elementary school, things which will help them choose *not* to use alcohol and drugs. Prevention, rather than intervention, is the purpose.

DARE courses, which are now taught throughout the country, are presented to elementary school students by police officers who have at least two year's experience in law enforcement before they are trained as DARE instructors. They must also show an interest in, and ability for, working with youngsters and must demonstrate that they are able to motivate their students through classroom lectures and activities. The officers are also trained to present the program to parents, community members and school personnel so they might be supportive and involved in DARE efforts.

The DARE curriculum, Tso says, is tailored to each grade level. It runs four and five weeks for K-4th grade

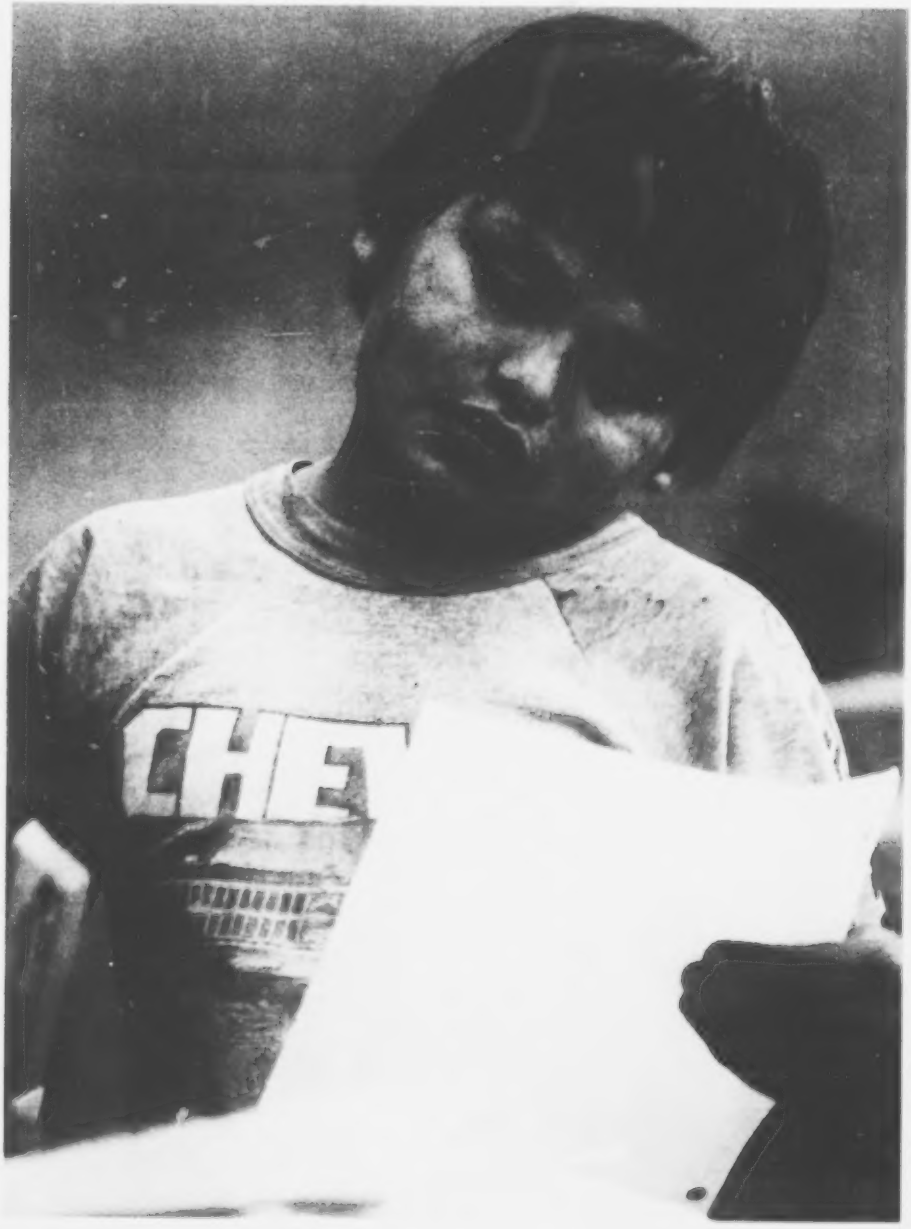
students and 17 weeks for 5th and 6th graders. The courses, which build year upon year, are intended to prepare students for entry into junior high and high school, where they are most likely to encounter pressures to use drugs.

Indian parents, whose students were in Officer Tso's DARE classes last year, have let him know that they support his work. The curriculum, they say, has helped make them more aware of the presence and danger of drugs. It has also provided their children with information and a confidence to discuss that information. "Some parents have told me," Tso says, "that their kids are now more able to talk about alcohol and drugs. And, that's one of the things we are working toward."

Parents and school personnel have also said they are particularly supportive of having a Native American law enforcement officer present the curriculum. "It helps provide Indian youngsters a role model who is recognized as being a Native American, a law enforcement representative and someone who stands against alcohol and drug abuse—all at the same time," Tso explains.

Efforts are currently underway to secure funding to provide DARE instructor training, specifically for Native American law enforcement officers, this fall. Information on this training may be obtained by calling the Indian Police Academy at (602) 629-5406.

DARE instructor training is also offered by five regional DARE training centers around the country. Information on these trainings may be obtained through local county and state police departments.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Chapter 8: **Role of Tribal Government**

A tribe is an independent and sovereign political unit. The power by which it makes its decisions and takes action rests ultimately with its people who in some manner select representatives to make, implement and enforce community policy including policy which addresses alcohol and substance abuse issues.

WHAT MAKES UP A TRIBAL GOVERNMENT?

Most tribes have several divisions within their governmental structure.

There is the tribal council which consists of elected (or appointed) officers and council members. The council's primary responsibility is to make laws and policy by which the tribe's affairs are directed and managed. The laws and policy must comply with the tribe's constitution, traditional law or other authority.

There are executive personnel, whose function is to implement tribal policy. Tribal executive staff report to the tribal council, usually through an administrative management system which enables the council to monitor implementation of its policy.

And, there is the judiciary which acts to interpret and enforce the tribe's constitution, laws and policies.

WHAT CAN TRIBAL GOVERNMENT DO TO HELP?

It can establish a community policy on alcohol and substance abuse.

To do this, a tribal council must determine the tribe's position on alcohol and substance abuse issues. It can then enact laws, ordinances and codes, and enter intergovernmental agreements to support the policy.

The tribal council can also develop regulations, proce-

dures and plans. These direct the tribe's executive and judicial staff as these personnel work to implement and enforce tribal policy.

Tribal governments may delegate responsibility for the development of codes, agreements, procedures and plans. Such responsibility is often delegated to an appropriate tribal staff person or to a committee.

Many tribes, following recommendations of the Indian Alcohol and Substance Abuse Prevention and Treatment Act within PL 99-570, have created special committees referred to as Tribal Coordinating Committees. These committees have been charged with the responsibility of developing tribal alcohol and substance abuse prevention and treatment action plans.

A tribal government's creation and support of a Tribal Coordinating Committee (TCC) and a Tribal Action Plan (TAP) emphasize to the community that its government is interested in the prevention and treatment of alcohol and substance abuse.

Tribal Action Plan

A Tribal Action Plan, the BIA says, gives Indian people the "opportunity and responsibility to call the shots on how existing substance abuse prevention and treatment resources and programs will be coordinated in their community."

The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (PL 99-570) recognizes the authority of a tribe to, at its discretion, develop a Tribal Action Plan (TAP).

A TAP may, among other things, provide for:

- an assessment of the problem of alcohol and substance abuse within the Indian tribe;
- the identification and coordination of available resources and programs relevant to a program of alcohol and substance abuse prevention and treatment;
- the establishment and prioritization of goals and the efforts to meet those goals;

- the identification of community and family roles in any efforts undertaken as part of the TAP; and
- the establishment of procedures for amendments and revisions of the plan.

PL 99-570 also directs the BIA and IHS to cooperate, at the tribe's request, in the development of the TAP and, upon the plan's completion, to enter an agreement with the tribe for its implementation. BIA and IHS agencies and service units may also provide technical assistance to help a tribe implement its TAP. If a tribe does not prepare a TAP, a Local Action Plan (LAP) is developed by appropriate BIA/IHS personnel until a TAP is provided.

Tribal Coordinating Committee

The Indian Alcohol and Substance Abuse Prevention and Treatment Act provides that the TAP will be developed by a Tribal Coordinating Committee. This committee shall:

- at a minimum, have as members a tribal representative who shall serve as chairman and the BIA and agency education superintendents, where appropriate, and the IHS service unit director, or their representatives;
- have primary responsibility for the implementation of the TAP;
- have the responsibility for on-going review and evaluation of, and the making of recommendations to the tribe relating to, the TAP; and
- have the responsibility for scheduling federal, tribal or other personnel for community training—including that addressing children of alcoholics concepts—to be provided by IHS.

The BIA and IHS encourage tribes to include young people on their Tribal Coordinating Committees as a means of promoting the involvement of youth in alcohol and substance abuse prevention.

Tribal Codes

Some tribes have formalized tribal legal policy concerning alcohol and substance abuse by including it in portions of their civil, criminal and/or juvenile codes. In this manner, clear guidelines are provided on how to handle various issues and problems.

The following are suggestions on points which might be considered in either drafting or revising tribal codes to address alcohol and substance abuse.[2]

- Correlate the codes' provisions with the Indian Alcohol and Substance Abuse Prevention and Treatment Acts of 1986 and 1988 within the Anti-Drug Abuse Acts of 1986 (PL99-570) and 1988 (PL100-690).
- Provide sentences for criminal convictions, as appropriate, but not to exceed one year and $5,000 fine, or both, as authorized in the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986. This maximum sentencing exceeds that previously authorized by the Indian Civil Rights Act.
- If not already enacted, enact provisions to implement the Indian Civil Rights Act. This law, passed by the United States Congress in 1986, requires tribes to provide a process by which the individual civil rights of tribal members or non-members are protected.
- Provide alternative types of sentences for alcohol and substance abusers where such persons are convicted of a criminal offense or violation of a civil rule or regulation.
- Provide increasing penalties, including revocation of driver's license, for each time a person is convicted of

[2] The National Indian Justice Center, with funds appropriated under the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, developed a model juvenile code which, in part, addresses alcohol and substance abuse issues. Language and ideas contained in this model might be of assistance to tribes developing or revising their codes. To order a copy of this model code, contact the NIJC at (707) 762-8113. Other models are also available. See page 58 for reference to these.

operating a vehicle under the influence of alcohol or drugs.

- Provide for confiscation of automobile, equipment, cash, substances, etc. as penalty for conviction of illegally selling or distributing alcohol or drugs.
- Enact or amend juvenile code provisions to spell out intake procedures for all juveniles brought before the juvenile or tribal court to determine, after investigation and proper hearing, whether juvenile is a child in need of care or a child offender.
- Enact or amend provisions to civil, criminal and juvenile codes which will assist in accomplishing the purposes of prevention, intervention, and treatment of alcohol and substance abuse.

Intergovernmental Agreements

Many tribes have found intergovernmental agreements an efficient way to promote cooperation with state or local governments and agencies. Agreements can be developed to address any specific service need including those that focus on alcohol and substance abuse problems among Native American youth.

Intergovernmental agreements are negotiated by representatives of the governments and/or agencies which are involved. The intent of an agreement is to define responsibilities, policies and procedures for sharing or providing resources, expertise, facilities, and services.

Questions addressed by an intergovernmental agreement may include:

- Who has jurisdiction over cases involving Indian youth and alcohol/substance abuse?
- What services are available?
- Who is responsible for providing these services?
- How, and by what procedures, are these services activated?

- What training will be necessary and/or available to service delivery staff?
- What standards will be met?
- How will services be monitored, reviewed, and revised?
- Who will be accountable, for what, and how?
- What recordkeeping and reporting procedures will be required?
- What financial responsibilities are involved?
- What contracting procedures, if any, will be used?

WHAT ARE SOME PRACTICAL EXAMPLES OF HOW TRIBAL GOVERNMENT CAN SUPPORT A COMMUNITY'S EFFORTS AGAINST SUBSTANCE ABUSE?

The following are suggestions of some specific actions a tribal council might consider taking to help its community fight alcohol and substance abuse.

- Issue a tribal policy statement endorsing the purposes of the Indian Alcohol and Substance Abuse Prevention and Treatment Acts of 1986 and 1988, pledging to provide leadership and available tribal resources to accomplish the purposes of the Acts.
- Make itself visible in the war against alcohol and drugs by having council members attend local meetings, speak to youth groups, make public statements and otherwise support and complement efforts being made by other community leaders.
- Use the news media, including newspapers and radio stations, for talks on the prevention, intervention, and treatment of alcohol and substance abuse.
- Help create local support groups among the young, parents and elderly for those who are recovering from addiction and establish a system of rewards for them, taking any other action which helps them to avoid practicing their addiction.

- Develop a Code of Ethics for itself so that council members will have guidance in avoiding acts, or appearances, of impropriety—including those involving alcohol and substance abuse—and will, thus, serve as positive role models for the community.
- Attend training sessions conducted for and by staff in alcohol and substance abuse programs and visit emergency shelters, half-way houses and regional treatment centers to learn more about various programs.
- Cooperate with and support, with needed resources, the efforts of law enforcement and the judiciary as these personnel work to meet the challenges posed by alcohol and substance abuse activity.
- Meet and cooperate with federal, state, and private agency executives who are involved with alcohol and substance abuse programs for the purposes of exchanging ideas and providing support.
- Require close monitoring of alcohol outlets for the purpose of enforcing strict compliance of liquor license and sales laws.
- Review, amend and/or develop legal codes which address alcohol and substance abuse problems.

WHAT NATIONAL RESOURCES ARE AVAILABLE?

The Bureau of Indian Affairs has established an Office of Alcohol and Substance Abuse. This office, which is located in Washington, DC, is responsible for coordinating BIA programs which are working to implement provisions of the Indian Alcohol and Substance Abuse Prevention and Treatment Act, as amended.

The Office of Alcohol and Substance Abuse also serves as a point of contact within the BIA for Indian tribes and Tribal Coordinating Committees regarding Tribal Action Plans. The Office is located at 18th and E Streets NW, Room 1348, Washington, DC 20245. Telephone: (202) 343-5092.

How Can We Help?

- Get people together.
- Define how alcohol and substance abuse specifically affects the community.
- Talk about it.
- Ask questions to see what is currently being done to combat substance abuse.
- Identify what still needs to be done.
- Develop a plan and decide who can help where. Look for ways to coordinate existing and new activities.
- Give assignments. Recruit volunteers and utilize existing resource personnel.
- Find the gaps. Seek training for local people where necessary.
- When necessary, seek and use outside resources but maintain control and responsibility for how they are used and coordinated with local activities.
- Keep track of what takes place, including progress.
- Know what makes success and measure achievements by small steps.

Photos selected for use in this handbook were chosen to represent positive and healthy lives. The contents of this handbook were developed under a grant from the U.S. Department of Education. However, the contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.

Notes

LEGISLATIVE REFERENCES

Reference is made throughout this handbook to several pieces of federal legislation which contain sections addressing alcohol and substance abuse among Native American youth.

These include the Anti-Drug Abuse Act of 1986 (Public Law 99-570). This law specifically addresses Native Americans through its Subtitle B, the Drug-Free Schools and Communities Act of 1986, and its Subtitle C, the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986.

In mid-November, 1988, the Anti-Drug Abuse Act of 1988 (PL 100-690) was signed into law. PL 100-690, in large part, reauthorizes provisions of PL 99-570.

Title II of PL 100-690 includes, as Subtitle C, the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1988. PL 100-690 also includes re-authorization of the 1986 Drug-Free Schools and Communities Act.

In this handbook, an effort is made to inform readers of how these pieces of legislation affect tribes and services to tribal people. References is made to them throughout the text.

PERSONNEL/RESOURCES CITED

Names of program personnel are mentioned throughout the handbook, often as a means of helping to put readers in touch with additional information. It is recognized that an individual having a specific program responsibility today may not have that same responsibility tomorrow or next week. However, it often happens that the quickest way to track down program information is to telephone for a specific individual. If that individual has gone on to another job, ask to have your call referred to his or her replacement.

It must also be recognized that, because of space and time limitations, this handbook mentions only a sampling of the resources and programs currently available or operating.

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